

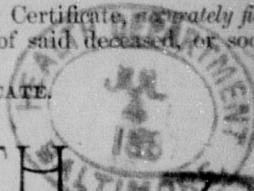
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 891 Office of Registrar of Vital Statistics. Ward 1<sup>#</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH

Date of Death,

July 3/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Rayne

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 57 Years, Months, Days.

Color, white

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 434 S. Patterson Park ave

Cause of Death, { First (Primary), Temporal & Frontal Neuralgia  
Second (Immediate), Supposed Abscess on the Brain }

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 5<sup>th</sup> 1887

Undertaker, Henry T. Mears

Place of Business, # 613 E. Fayette St

R. W. Mansfield

M. D.

Medical Attendant.

Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

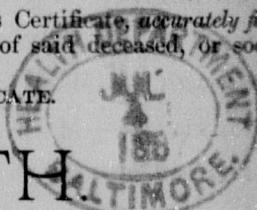
[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 17  
892 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death,

July 2.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Matilda Arnold

Sex, Male or Female, { Cross out the word not required in this line }

Age, Years, 2 Months, 28 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number } No 1712 Elizabeth Lane

Cause of Death, { First (Primary), Second (Immediate), }

Malaria

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 4<sup>th</sup> 1887

{ Undertaker, G. H. Weber }

{ Place of Business, 818 Fremont St. }

L.C. Darby

M. D.

Medical Attendant.

Address, 511 Lawrence

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 893 Office of Registrar of Vital Statistics. Ward 9\*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

July 3<sup>rd</sup> 5 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Mc Ginnis.

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

1

Years

3

Months

7

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Nothing.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

All his life

Place of Death, { Give Street and Number. }

Holiday & Hotel

Cause of Death, { First (Primary), Second (Immediate), }

Malaria

Exhaustion

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St. Patrick's Cemetery

Date of Burial,

July 4<sup>th</sup> 1887

Undertaker,

J. H. Weber

Place of Business,

818 Greenmount Avenue

J. B. Saunders M. D.

Medical Attendant.

City Hosp. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# A Health Department, City of Baltimore.

Permit No. 894

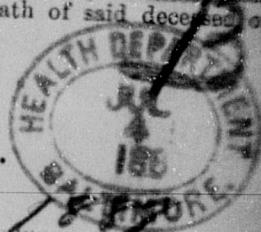
Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

3<sup>d</sup> July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Moagin

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 92

Years,

Months,

Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

776 M. G. St.

Duration of Residence in the City of Baltimore.

Over fifty years.

Place of Death, { Give Street and Number. }

Old Age

Cause of Death, { First (Primary),

Weak Heart.

Second (Immediate),

Eleven days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

C. H. Littell,

M. D.

Medical Attendant.

Date of Burial, 5<sup>th</sup> July 1887

{ Undertaker, H. W. Jenkins &amp; Sons }

{ Place of Business, Park &amp; Saratoga }

Address, Fayette &amp; Fremont.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 895

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

June 3, 1887

Bertha Peters

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

6

Months,

Days.

Color,

P

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baek

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

3 Carlton St

Masamms

Cause of Death, { First (Primary),

Cholera Infantum

Second (Immediate),

Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe & Cenly

Date of Burial, June 4, 1887

C. W. Neff

M. D.

Medical Attendant.

{ Undertaker, Deasy & Natchee

{ Place of Business, 126 W. Fayette Street, 263 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 896

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D.

Date of Death, July 3-1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine WygandSex, Male or Female, { Cross out the word not required in this line. }Age, 4 Years, 23 Months, 23 DaysColor, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, BilBirth Place, { State or country, and how long in the United States, if of foreign birth. } 22 E Lombard St.Duration of Residence in the City of Baltimore, LifePlace of Death, { Give Street and Number. } 22 E Lombard St.

Cause of Death, { First (Primary),

Cholera Infantum.

Second (Immediate),

Twenty days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Trapp RoadDate of Burial, July 4<sup>th</sup>{ Undertaker, Wm Schaeffer }

M. D.

Medical Attendant.

{ Place of Business, 18 S. Front St. }Address, 6 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

**SECTION 2.** *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[ OVER.]

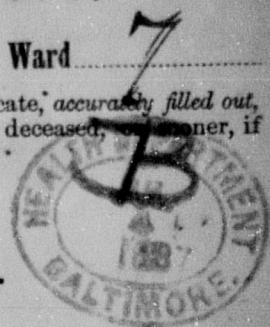
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 897 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oletta Brunetta Barnes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 735 76 Bay

Cause of Death, { First (Primary), Cholera Infantum  
Second (Immediate), Exhaustion }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5<sup>th</sup>

{ Undertaker, Wm Schaeffer

{ Place of Business, #8. S. Front. St

J. B. Schwatka M. D.  
Medical Attendant  
Address, 933 N. Biway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 898 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mollie E. Shattuck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give Street and Number. } 1426 Bruce St

Cause of Death, { First (Primary), Marsasmus  
Second (Immediate), }

Duration of Last Sickness, 3 Mo

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 2/87

Undertaker, Geo. E. Brown

Place of Business, Health Office

2pm J. Chappell M.D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health, City of Baltimore,

Permit No.

899

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT #0 BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, July 3, 1882

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Ed. Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years

5

Months,

Days,

Color, Mottled

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 828 Jackson St.

Cause of Death, { First, (Primary). } Cholera Infantum  
{ Second, (Immediate). }

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4, 1882

{ Undertaker Alex. Stevens}

{ Place of Business, 5610 Charles St. }

B. J. Thrall, M. D.,

Medical Attendant.

Address, 218 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No.

900

Office of Registrar of Vital Statistics.

Ward 11

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**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE**



## CERTIFICATE OF DEATH.

Date of Death,

July 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 36 — Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation, Saloon Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, { Give Street and Number.

Maryland General Hospital

Cause of Death, { First (Primary), Suicide caused by a pistol  
Second (Immediate), Shot through the right temple

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5<sup>th</sup>

Undertaker, F. M. Tolle

L. G. Sparrow, M. D.  
Medical Attendant.

Place of Business, 421 Hanover St. Address,

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

**SECTION 2.** And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]